

Unmet Need for Family Planning in Developing Countries: Challenges and Solutions

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Abstract: Adoption of family planning measures reinforces people's right to regulate the number and spacing of their children. The objective of the current review is to assess the personal and social factors associated with unmet need in developing countries and to suggest feasible, cost-effective measures which if implemented strategically will assist in tackling the same. Significant gaps and potential determinants have been identified between women's desire to delay/avoid having children and their actual use of contraception. Expansion of access to contraceptive methods and reduction in the unmet need are the pivotal elements in amelioration of women's reproductive health. Other measures such as strong political will, formulation of specific evidence-based guidelines for encouraging uptake of family planning methods for different population groups/settings, and establishment of health information system to monitor trend of contraceptive usage and for evaluation of initiatives can be implemented in a comprehensive, yet flexible manner for the benefit of the women in the reproductive age group. To conclude, strengthening of family welfare programs and augmenting community awareness is recommended for ensuring improved accessibility and uptake of family planning methods.

Keywords: Unmet needs, family planning, reproductive health, developing countries.

1. INTRODUCTION

Adoption of family planning measures reinforces people's right to regulate the number and spacing of their children [1]. Women who are sexually active but prefer to avoid becoming pregnant, nevertheless have not adopted any method of contraception are considered to have an unmet need for family planning [2]. Recent estimates reveal that in developing nations alone, almost 222 million women would like to delay or stop childbearing but are not using any method of contraception [1].

The unmet need for contraception remains far from expected mainly because of a rapid growth in population and shortage in availability of contraceptives. Though recent estimates suggest that contraceptive usage has increased in many parts of the world (Asia and Latin America), but the scenario remains quite ominous in sub-Saharan Africa [1]. Although, in Africa alone situation remains grim as more than fifty percent of women in the reproductive age group have an unmet need for modern contraception [1]. High risk groups have been identified – adolescents, migrants, urban slum dwellers, refugees, and women in the postpartum period – who tends to have an alarmingly high unmet need [2]. It is

understandable that to meet this unmet need family planning method should be made widely available and easily accessible through community outreach workers or other trained health workers to all those who are sexually active, including adolescents [1]. For ensuring timely uptake of the permanent modes of contraception, willing women and men should be referred to health center offering those services without any delay [1]. Meeting the unmet need for family planning has been acknowledged as one of the most cost-effective investments to alleviate poverty and improve health and thus successfully achieve the Millennium Development Goals [2].

The objective of the current review is to assess the personal and social factors associated with unmet need in developing countries and to suggest feasible, cost-effective measures which if implemented strategically will assist in tackling the same.

2. DETERMINANTS FOR THE UNMET NEED FOR FAMILY PLANNING

Research work across the developing countries have revealed that variable types of socio-demographic and health system related factors have influenced the unmet needs of eligible couples in different settings. Significant gaps and potential determinants such as poor educational status of women [1,3]; poor socio-economic status [1,3]; unavailability / availability of limited choice of contraceptive methods [1,4]; gender-based barriers [1]; fear or experience of side-effects

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[4,5]; cultural or religious opposition [1]; myths and misconception associated with contraception [6]; poor quality of available services [1,3,4]; accessibility and availability of the services [1,4]; opposition from husband [7]; lack of involvement of male partners [7]; inadequate counseling of the couple [3,8]; and incompetent health care provider [3,8]; have been identified between women's desire to delay / avoid having children and their actual use of contraception. All these study results clearly reveals that if these factors are addressed in a customized manner by the program managers and the health care providers, a noticeable reduction in unmet need can be achieved.

3. BENEFITS OF FAMILY PLANNING METHODS

Multiple contraceptive and non-contraceptive benefits have been associated with adoption of family planning methods like reduction in pregnancy-related health risks in women; empowerment of people (viz. having smaller families allows parents to invest more in each child and also increases the duration of schooling); prevention of transmission of HIV/AIDS (viz. consistent use of family planning measure minimizes the risk of unintended pregnancies among women living with HIV, resulting in fewer infected babies; it also aids in preventing acquisition of other sexually transmitted infections and vice-versa); decrease in need for unsafe abortions; decline in infant mortality (viz. most of the women with unintended pregnancy approach quacks / untrained professional for illegal abortion which is not at all safe for both mother and child); and eventually keeping population growth under-check, and finally reducing burden on the health system [1,9].

4. DISCUSSION

Voluntary family planning is one of the most efficacious and cost-effective strategy in ensuring considerable improvement in individual health, gender equity, family well-being, and country's development on a whole. This becomes even more important in less-developed regions of the world (especially Sub-Saharan Africa and South Asia), where apart from different socio-demographical / cultural / religious constraints, availability of trained healthcare professionals and regular funding source is also limited. These factors act in variable combinations and thus negatively affect the uptake of modern contraceptives [10]. Married women whose pregnancies are undesired or mistimed and who have become pregnant because of not using any mode of

family planning are also considered to have unmet need [11]. Findings of studies have revealed that fulfilling women's unmet need for family planning reduces brings about a significant amount of reduction in total fertility rate [12,13].

Different studies have been done across the world in heterogeneous settings for the estimation of contraceptive prevalence, knowledge-application gap and unmet needs for family planning [14-17]. In a knowledge-attitude-practice study to assess the family planning related parameters among married couples it was revealed that though the knowledge level among majority of the study participants was quite high but still the contraceptive practice was well below the knowledge standard thus depicting the knowledge-application gap [4]. Further, it reveals that mere easy accessibility in terms of distance cannot be considered a direct predictor of contraceptive usage [4]. In an another study planned among the youth population in Africa with an aim to assess the trends in fertility / childbearing / unmet need for family planning and contraceptive prevalence it was concluded that there is an indispensable need of reorienting family planning policies and programs with regard to enhancing its accessibility [18].

In a cross-sectional survey conducted among post-partum women in all maternity units in Eastern Democratic Republic of Congo, it was observed that knowledge and perception about family planning was good among study participants. On account of the different barriers identified (viz. lack of knowledge, fear of side effects, religious constraints and husband's opposition) adoption of modern contraceptives was very low [5]. Findings of a study done among HIV-positive and HIV-negative individuals living in Uganda were an eye-opener as the unmet needs for family planning was much greater in HIV-infected individuals compared to HIV-negative individuals [19].

Irrespective of the improvement in family planning indicators and strengthening of the health system, unacceptable levels of unmet need for family planning still exist in many countries. This clearly reflects that program managers look for newer strategies that are more acceptable to the community and to the women and couples who desire to limit or space their children but are not currently using contraceptives [20]. Expansion of access to contraceptive methods and reduction in the unmet need are the pivotal elements in amelioration of women's reproductive health. Other measures such as strong political will [1]; formulation of

specific evidence-based guidelines for encouraging uptake of family planning methods for different population groups / settings [1,2]; earmarking appropriate indicators to measure unmet need [1]; promotion of research to identify the needs / opinion / fertility preferences of the population group and for evaluating the factors affecting the utilization of different methods [1,9]; promotion of male contraceptives – temporary / permanent [1]; increasing awareness about different contraceptive methods and their side-effects to empower women to make an informed choice [4,5]; ensuring involvement of both partners in family welfare [3,5,7]; strengthening of existing family planning programs – infrastructure, logistics and competent healthcare professionals [4,8,9]; increasing accessibility of the contraceptives [15]; networking with international agencies and involvement of diverse sectors for development of national capacity [1,20]; integration of family planning with other health care services [10,20]; roping-in funding organizations [10,18,20]; and establishment of health information system to monitor trend of contraceptive usage and for evaluation of initiatives [1]; can be implemented in a comprehensive, yet flexible manner for the benefit of the women in the reproductive age group. There is an immense need for a comprehensive effort to address the identified wide gaps in delivery of family planning services among the adult population.

5. IMPLICATIONS FOR PRACTICE

Findings of the current review clearly reflects the necessity for a comprehensive family welfare program well backed by a public health education program to spread awareness about the variable types of contraceptive methods available in the health center and the advantages / disadvantages of each one of them. This wide scale awareness campaign can play a remarkable role in elimination of fear and myths prevalent in the local community. The strategies for promotion of each of the contraceptive method should be clear and should be designed in such a way that it should appeal to the community members especially to the women in the reproductive age group. Our efforts should not be restricted up to the involvement of women; rather all strategic steps should be implemented to encourage involvement of both husband and wives so that they are empowered to take an informed decision. Strong political will is desired for ensuring sustained improvement in the family planning indicators and the economic development of the country. The efforts should be linked with network of international agencies and national agencies for

ensuring external supervision and monitoring. Further, regular review is needed at district, state and national level to identify the possible obstructions so that corrective actions can be planned at the earliest. To warrant delivery of quality assured family planning services, the healthcare staff and outreach workers should be trained, re-trained and mechanisms should be devised for their timely feedback regarding the acceptance of specific contraceptives so that existing gaps can be bridged. Private practitioners can also be roped-in the global initiative to meet the demand of unmet need for family planning. Finally a functional referral system should be in existence so that women / men willing to adopt permanent contraceptive measure can avail the services without unnecessary delay.

6. IMPLICATIONS FOR RESEARCH

The need of the hour is to design and conduct community-based qualitative studies to estimate the knowledge, attitude and practices regarding contraceptives and the unmet needs for family planning in different settings. In each of such studies a conscious attempt should be made by the researchers to identify the perceived gaps or the barriers that are restricting men/women from availing contraceptive methods. Research should also focus on development of a model for enhancing the participation of husband in adoption of a contraceptive method. The studies can also be conducted to clearly identify the type of training and duration of training of healthcare professionals so that best output can be obtained from them in field.

7. CONCLUSIONS

To conclude, global trends in contraceptive prevalence and unmet need for family planning, and the projected growth in the number of potential contraceptive users clearly reflect that strong political commitment and financial support is needed for meeting the demands of contraceptive usage and improvement in the reproductive health worldwide. Strengthening of family welfare programs and increase in community awareness is recommended for ensuring improved accessibility and uptake of family planning methods. Planned execution of the proposed measures will aid in reducing the unmet need for family planning and thus contribute towards betterment of women's health and nation's economy.

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